

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 8 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

17252

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3300

Registrar's No. 124

**1. PLACE OF DEATH:**

(a) County Adair  
(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
408 E. Hickory  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME Miles E. Cook

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Ollie Jane Cook 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Sept. 11 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 7 28 hr. min.

9. Birthplace Adair Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Jewelry Store

11. Industry or business Jewelry Store

12. Name John Cook  
13. Birthplace X Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Shoop  
15. Birthplace X Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Jane Cook  
(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 5/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills Cemetery

18. (a) Signature of funeral director Detlev  
(b) Address Kirkville, Mo.

19. (a) 5/16/44 (b) Mrs. J. L. Wagoner  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair  
(c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 E. Hickory  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 9  
year 1944 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from Sept. 43 to May 9, 44  
that I last saw him alive on May 8, 44  
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral thrombosis Duration 8 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
Signature Spencer L. Freeman Date signed May 11 1944  
Address Kirkville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 6-44-1056

Date Filed JUN 7 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4181

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.